Section 5
Attachments

Attachment A

Competitive POS Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 420-_____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at http://www.spo.hawaii.gov Click *Procurement of Health and Human Services* and *For Private Providers.**

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	**X**	
Proposal Application Checklist	Section 1, RFP	Attachment A	**X**	
Table of Contents	Section 5, RFP	Section 5, RFP	**X**	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	**X**	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	**(Required if not Registered)**	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				

_____ _____

Authorized Signature Date

Attachment B

Sample Table of Contents for the POS Proposal Application

Proposal Application
Table of Contents

Attachment C

Draft Special Conditions

SPECIAL CONDITIONS

1. Time of Performance. The PROVIDER shall provide the services required under this Agreement from _____, to and including _____, unless this Agreement is extended or sooner terminated as hereinafter provided.

2. Option to Extend Agreement. Unless terminated, this Agreement may be extended by the STATE for specified periods of time not to exceed three (3) years or for not more than three (3) additional twelve (12) month periods, without resolicitation, upon mutual agreement and the execution of a supplemental agreement. This Agreement may be extended provided that the Agreement price shall remain the same or is adjusted per the Agreement Price Adjustment provision stated herein. The STATE may terminate the extended agreement at any time in accordance with General Conditions no. 4.

3. Agreement Price Adjustment. The Agreement price may be adjusted prior to the beginning of each extension period and shall be subject to the availability of state funds.

4. Audit Requirement. The PROVIDER shall conduct a financial and compliance audit in accordance with the guidelines identified in Exhibit _____ attached hereto and made a part hereof. Failure to comply with the provisions of this paragraph may result in the withholding of payments to the PROVIDER.

5. The PROVIDER shall have bylaws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflicts of interest.

Attachment D

Consumer Rights

DRAFT XX/XX/XX

ADULT MENTAL HEALTH DIVISION

POLICY AND PROCEDURE MANUAL AMHD Administration SUBJECT: Consumer Rights REFERENCE:	**Number: 60.X00X.NEW** Effective Date: XX/XX/XX History: New Page: 1 of 7 Recommended: _____ Title: Medical Director, AMHD APPROVED: _____ Title: Chief, AMHD_____

PURPOSE

To ensure that specified rights of each consumer are protected.

POLICY

Each provider shall have a statement designed to protect consumer's rights and comply with requirements of the Americans with Disabilities Act. The statement shall be:

a. Consistent with Federal and State laws and regulations;

b. Posted in strategic and conspicuous areas to maximize consumer, family and staff awareness;

c. Signed and dated by the consumer prior to treatment; and

d. Maintained in the treatment records of consumers.

PROCEDURE

A. The statement given to consumers must include at the minimum the following language:

1. You have rights no matter what your situation is. Adult Mental Health Division (AMHD) and all its providers will uphold these rights. You have these rights regardless of your:

    - Age
    - Race
    - Sex
    - Religion
    - Culture
    - Amount of education
    - Lifestyle
    - Sexual orientation
    - National origin
    - Ability to communicate
    - Language spoken
    - Source of payment for services
    - Physical or mental disability

2. You have the right to be treated with respect and dignity, and to have your right to privacy respected.

3. You have the right to know about the AMHD, the services you can receive, who will provide the services, and their training and experience.

4. You have the right to have as much information about your treatment and service choices as you need so you can give an informed consent or refuse treatment. This information must be told to you in a way you can understand. Except in cases of emergency services, this information shall include a description of the treatment, medical risks involved, any alternate course of treatment or no treatment and the risks involved in each.

5. You have a right to information about your medications; what they are, how to take them, and possible side effects.

6. You have a right to be informed of continuing care following discharge from the hospital or outpatient services.

7. You have a right to look at and get an explanation of any bills for non-covered services, regardless of who pays.

8. You have a right to receive emergency services when you, as a prudent layperson, acting reasonably, would believe that an emergency medical condition existed. Payment for emergency services will not be denied in cases when you go for emergency services.

9. You have a right to receive emergency services when traveling outside the State of Hawaii when something unusual prevents you from getting care from an AMHD provider.

10. You have a right to usually have the same provider when you get services.

11. You have a right to an honest discussion with your providers of the options for your treatment, regardless of cost and benefit coverage.

12. You have a right to be advised if a provider wants to include you in experimental care or treatment. You have the right to refuse to be included in such research projects.

13. You have a right to complete an advance directive, living will, psychiatric advance directive, medical durable powers of attorney or other directive to your providers.

14. You have a right to have any person who has legal responsibility make decisions for you regarding your mental health care. Any person with legal responsibility to make health care decisions for you will have the same rights as you would.

15. You have the right to know all your rights and responsibilities.

16. You have the right to get help from AMHD in understanding your services.

17. You are free to use your rights. Your services will not be changed and you will not be treated differently if you use your rights.

18. You have the right to receive information and services in a timely way.

19. You have the right to be a part of all choices about your treatment. You have the right to have a copy of your written Individual Service Plan.

20. You have the right to disagree with your treatment or to ask for changes in your Individual Service Plan.

21. You have the right to ask for a different provider or case manager. If you want a different provider or case manager, we will work with you to find another one in the AMHD network.

22. You have the right to refuse treatment to the extent allowed by the law. You are responsible for your actions if you refuse treatment or if you do not follow your providers' advice.

23. You have the right to get services in a way that respects your culture and what you believe in.

24. You have the right to an interpreter, if needed, to help you speak to AMHD or your providers. You have the right to have an interpreter in the room when your provider sees you.

25. You have the right to ask us to send you mail and call you at the address or telephone number of your choice, in order to protect your privacy. If we cannot honor your request, we will let you know why.

26. You have a right to a second opinion when deciding on treatment.

27. You have the right to expect that your information will be kept private according to the Privacy law.

28. You have the right to complain about your services and to expect that no one will try to get back at you. If you complain, your services will not stop unless you want them to.

29. You have the right to be free from being restrained or secluded unless a doctor or psychologist approves, and then only to protect you or others from harm. Seclusion and restraints can never be used to punish you or keep you quiet. They can never be used to make you do something you don't want to do. They can never be used to get back at you for something you have done.

If you have any questions or concerns about these rights, you can speak to the Rights Advisor at your Community Mental Health Center or call the AMHD Consumer Advisor at (808) 586-4688.

B. Each consumer must be provided an orientation to the program at a level educationally appropriate for the consumer, communicated in either the consumer's native language or sign language, as is appropriate for the individual. Documentation of the orientation must be kept in the consumer's treatment record and signed and dated by the consumer. If a consumer who received the orientation refuses to sign the form acknowledging that he/she received information regarding his/her rights, the staff shall document on the form that the consumer refuses to sign and the date that the information was provided to the consumer. At a minimum such orientation must include:

1. An explanation of the:

    a) Rights and responsibilities of the consumer,

    b) Grievance and appeal procedures

    c) Ways in which input is given regarding:

        - the quality of care
        - achievement of outcomes
        - satisfaction of the consumer

2. An explanation of the organization's:

    a) Services and activities

    b) Expectations

    c) Hours of operation

    d) Access to after-hour services

    e) Code of ethics

    f) Confidentiality policy

g) Requirements for follow-up for the mandated consumer served, regardless of his or her discharge outcome

3. An explanation of any and all financial obligations, fees, and financial arrangements for services provided by the organization

4. Familiarization with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits

5. The program's policies regarding:

   a) the use of seclusion or restraint

   b) Smoking

   c) Illicit or licit drugs brought into the program

   d) Weapons brought into the program

6. Identification of the person responsible for case management

7. A copy of the program rules to the consumer, that identifies the following:

   a) Any restrictions the program may place on the consumer

   b) Events, behaviors, or attitudes that may lead to the loss of rights or privileges for the consumer

   c) Means by which the consumer may regain rights or privileges that have been restricted

8. Education regarding advance directives, when legally applicable

9. Identification of the purpose and process of the assessment

10. A description of how the Individualized Service Plan (ISP) or other plan will be developed and the consumer's participation

11. Information regarding transition criteria and procedures

12. When applicable, an explanation of the organization's services and activities include:

    a) Expectations for consistent court appearances

    b) Identification of therapeutic interventions, including:

    - Sanctions
    - Interventions
    - Incentives
    - Administrative discharge criteria

Date of Review:___/___/___; ___/___/___; ___/___/___; ___/___/__

Initials: [_____] [_____] [_____] [_____]

Attachment E

Division P&P Regarding Consumer Grievances

Division P&P Regarding Consumer Appeals

ADULT MENTAL HEALTH DIVISION

POLICY AND PROCEDURE MANUAL	**Number: 60.X00X.NEW**
AMHD Administration	Effective Date: XX/XX/XX History: New
SUBJECT: Consumer Grievances	Page: 1 of 6
REFERENCE: Consumer Appeals, Consumer Rights, Consumer Handbook	Recommended: _____ Title: Medical Director, AMHD
	APPROVED: _____ Title: Chief, AMHD_____

PURPOSE

To outline the internal process and procedure for reviewing and resolving consumer grievances or any expressions of dissatisfaction.

POLICY

The grievance process is administered by Adult Mental Health Division's (AMHD) Office of Consumer Affairs.

A description of AMHD's grievance process is included in the Consumer Handbook, which is distributed to all consumers within ten (10) days of entry into the AMHD service system. There is no punitive or retaliatory action taken against a consumer, consumer advocate or provider, acting on behalf of the consumer, for filing a grievance.

DEFINITIONS

- Action – The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or in part, of payment for a service; the failure to provide services in a timely manner, unreasonable delays in services, or grievances not acted upon within prescribed timeframes.

- Appeal – A request for review of an action made by AMHD, as "action" is defined. Consumer Appeals are discussed in a separate policy and procedure.

- Consumer – Anyone who is receiving services or potentially could be eligible to receive services.

- Grievance – An expression of dissatisfaction from a consumer or provider, or any authorized representative on behalf of the consumer about any matter other than an action, as "action" is defined.

- Grievance Review – A review process for grievance resolutions. A consumer may request a "grievance review" by AMHD if they do not agree with a provider's resolution of a grievance.

- Inquiry – A contact from a consumer, or on behalf of the consumer, that questions any aspect of AMHD's or a provider's operations, activities, or behavior, or to request change to another provider, and does not express dissatisfaction.

PROCEDURE

1. Inquiry

    A. Consumers should call their Case Manager for any Inquiry or question regarding any aspect of AMHD or a provider's operations, activities, or behavior, or request to change to another provider.

    B. If during the contact, the consumer expresses dissatisfaction of any kind, the Inquiry becomes an expression of dissatisfaction and becomes a Grievance or Appeal (see Grievance and Appeal process below).

2. Grievance

    A. Consumers may file a grievance if they express any dissatisfaction in regards to the following:

- AMHD or provider's operations
- AMHD or provider's activities
- AMHD or provider's failure to respect the consumer's rights
- AMHD or provider's behavior
- Provider or AMHD employee is rude
- Provider quality of care
- AMHD or provider's privacy practices – copies of these grievances are also forwarded to AMHD's Privacy Officer.

B. A consumer, provider or a consumer's authorized representative, acting on behalf of the consumer, may file a grievance orally or in writing.

(1) For oral filing of grievance, the consumer may call the Office of Consumer Affairs and a Consumer Specialist will assist the consumer in writing the grievance by completing an AMHD Consumer Grievance Form (see Attachment A), however, any AMHD staff may assist the consumer and may complete the Grievance Form. The Consumer will be given an option to receive a copy of the written grievance. The form is forwarded to the individual responsible for tracking grievances within the Office of Consumer Affairs who is defined as the Grievance Coordinator.

(2) If a provider or an authorized representative on behalf of the consumer files the grievance orally, the consumer must give written authorization.

(3) The Grievance Coordinator directs the grievance to the appropriate individual within AMHD for investigation and resolution of the grievance. That individual forwards the written results of their investigation and resolution to the Grievance Coordinator for data entry and tracking.

(4) All written grievances should be submitted to:

Adult Mental Health Division
Office of Consumer Affairs
Grievance Coordinator
P.O. Box 3378
Honolulu, Hawaii 96801-3378

(5) Within five (5) working days of the receipt date, the grievant will be informed by letter that the grievance has been received.

(6) Each grievance will be thoroughly investigated by gathering facts from all relevant parties and using the applicable statutory, regulatory, and contractual provisions, as well as AMHD's policies and procedures.

(7) AMHD will render a resolution of the grievance within thirty (30) calendar days of the receipt date. If the thirtieth (30^{th}) day falls on a Saturday, Sunday, or State holiday, a resolution will be rendered the next working day. A letter of resolution will be mailed to the grievant and copies are sent to all parties whose interest has been affected by the decision. If the grievant has requested not to be identified, consumer identifying information will be left off other parties' letters.

(8) The effective date of the decision will be the date of personal delivery, or if mailed, the postmarked date of the mailing.

C. The resolution letter includes and describes the following details:

- Nature of the grievance
- Issues involved
- Actions AMHD has taken or intends to take
- Reasons supporting AMHD's decision or action, including references to applicable statutes, rules, and procedures.
- A statement that AMHD's resolution of the grievance is final, unless the consumer requests an appeal by contacting the Office of Consumer Affairs.

D. AMHD may grant an extension of the resolution deadline of up to fourteen (14) calendar days if the consumer requests an extension or if additional information is needed. In this case, a letter will be sent to the grievant. The content of the notification will include the following details:

- Nature of the grievance
- Reason for the extension of the decision and how the extension is in the consumer's interest

3. Appeals

A. Consumers may file an appeal for the following actions or decisions made by AMHD:

- Prior authorization for a service is denied or limited
- The reduction, suspension, or termination of a previously authorized service
- The denial, in a whole or in part, of payment for a service
- The denial of eligibility
- Failure to provide services in a timely manner
- Unreasonable delays in services, or appeals not acted upon within prescribed timeframes
- Not satisfied with resolution of grievance

B. The appeal process is discussed in a separate policy and procedure.

4. Other Requirements

A. The AMHD Grievance Coordinator shall compile an aggregate quarterly grievance report and submit such report to the Quality Council in the required format no later than forty-five (45) days from the end of each quarter.

The Aggregate Grievance Report shall at a minimum include the following elements:

(1) Number of grievances sorted by date, nature of the grievance, county, and provider of services, if applicable;

2) Status of Resolution and if resolved, result including feedback, and

3) Turn-around times.

B. An Aggregate Annual Grievances Report shall be prepared and presented to the Quality Council within sixty (60) days of the last quarter of the calendar year. The report shall contain an aggregate data report, analysis by county, and recommendations for improvement of clinical and service areas.

C. Privacy of the grievance records is maintained at all times, including the transmittal of medical records.

D. All grievances and related documentation are maintained in a secure, designated area and retained for a period of seven (7) years following the final decision, or closure of grievance.

E. All grievances that concern provider organization actions and are proven quality of care or non-compliance with AMHD contracts or policies and procedures will be collated by Performance Management and used in certification and contract activities.

ATTACHMENTS

Consumer Grievance Form

Date of Review:___/___/___; ___/___/___; ___/___/___; ___/___/__

Initials: [_____] [_____] [_____] [_____]

Attachment A

Consumer Grievance Form

Date Received: _____

Taken by: _____

Consumer Name: _____

AMHD ID#: _____

Mailing Address: _____

Island: _____

Telephone #: _____

Name of Grievant: _____

Relationship to Consumer: _____

Mailing Address: _____

Telephone Number: _____

Note: If a representative is filing an oral grievance on behalf of an adult consumer, please obtain a written authorization from the consumer through the Authorization To Disclose Protected Information form.

Type of Contact: □ Letter
□ Telephone
□ In Person
Consumer Request Copy of Grievance? Yes □ No □

Grievance Regarding:

□ Provider

Full Name: _____

□ AMHD

Date(s) Problem began: _____

Description of Grievance: _____
_____
_____
_____
_____
_____
_____
_____
_____

□ Reviewed written grievance with consumer verbally on: _____

For Grievance Coordinator Use Only: File#: _____
Sent copy of grievance to consumer on: ___/___/___
Sent acknowledgement letter on: ___/___/___
Sent to _____on: ____/_____/_____ New 12/03/03 hj

DRAFT XX/XX/XX

ADULT MENTAL HEALTH DIVISION

POLICY AND PROCEDURE MANUAL	**Number: 60.903 REV**
AMHD Administration	Effective Date: XX/XX/XX History: 5/03
SUBJECT: Consumer Appeals	Page: 1 of 9
REFERENCE: Consumer Grievances, Denial Letter, Consumer Handbook HRS 91	Recommended: _____ Title: Medical Director, AMHD
	APPROVED: _____ Title: Chief, AMHD_____

PURPOSE

To outline the process by which a consumer may appeal an action or decision made by Adult Mental Health Division (AMHD).

POLICY

The consumer appeals process is administered by the Office of Consumer Affairs.

A description of AMHD's appeals process is included in the Consumer Handbook, which is distributed to all consumers within ten (10) days of entry into the AMHD service system. There is no punitive or retaliatory action taken against a consumer, consumer advocate or provider, acting on behalf of the consumer, for filing an appeal.

DEFINITIONS

- Action – The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or in part, of payment for a service; the failure to provide services in a timely manner, unreasonable delays in services, or appeals not acted upon within prescribed timeframes.

- Appeal – A request for review of an action may by AMHD, as "action" is defined.

- Consumer – Anyone who is receiving services or potentially could be eligible to receive services.

- Grievance – An expression of dissatisfaction from a consumer or provider, or any authorized representative on behalf of the consumer about any matter other than an action, as "action" is defined.

- Grievance Review - A review process for grievance resolutions. A consumer may request a "grievance review" by AMHD if they do not agree with a provider's resolution of a grievance.

- Inquiry – A contact from a consumer, or on behalf of the consumer, that questions any aspect of AMHD's or a provider's operations, activities, or behavior, or to request change to another provider, and does not express dissatisfaction.

PROCEDURE

1. Inquiry

    A. Consumers should call their Case Manager for any Inquiry or question regarding any aspect of AMHD or a provider's operations, activities, or behavior, or request to change to another provider.

    B. If during the contact, the consumer expresses dissatisfaction of any kind, the Inquiry becomes an expression of dissatisfaction and becomes a Grievance (see Grievance and Appeal process below).

2. Grievance

    A. Consumers may file a grievance if they express any dissatisfaction in regards to the following:

        - AMHD or provider's operations
        - AMHD or provider's activities
        - AMHD or provider failure to respect the consumer's rights
        - AMHD or provider's behavior
        - Provider or AMHD employee is rude
        - Provider quality of care

- AMHD or provider's privacy practices – copies of these grievances are also forwarded to AMHD's Privacy Officer.

B. The grievance process is administered by the Office of Consumer Affairs as delineated in the Consumer Grievances Policy and Procedures.

3. Appeals

A. Consumers may file an appeal for the following actions or decisions made by AMHD:

- Prior authorization for a service is denied or limited
- The reduction, suspension, or termination of a previously authorized service
- The denial, in a whole or in part, of payment for a service
- The denial of eligibility
- Failure to provide services in a timely manner
- Unreasonable delays in services, or appeals not acted upon within prescribed timeframes
- Not satisfied with resolution of grievance

B. Assessment and Utilization Management shall notify consumers about their appeal rights and processes at the time of denial of eligibility or service request. Consumers shall have access to consumer advocacy and AMHD shall assure that any consumer who requests an advocate for this process shall be linked to this assistance.

C. A consumer, provider or a consumer's authorized representative, acting on behalf of the consumer with the consumer's written consent or if documentation is available to demonstrate the consumer is incapacitated, may file an appeal orally or in writing.

D. For oral filing of appeal, the consumer (or consumer's representative with the written consent of the consumer or if documentation is available to demonstrate the consumer is incapacitated), may call the Office of Consumer Affairs and must also submit a follow-up written appeal.

E. The designated case manager, or the designated crisis support manager, may appeal on behalf of the consumer without written consent if documentation is available to demonstrate the consumer is incapacitated. The case manager or crisis support manager shall provide specified clinical information to support the appeal request.

F. An AMHD Consumer Appeal Form (see Attachment A) may also be completed on behalf of the consumer or consumer's representative. In this case, the completed Consumer Appeal Form will be sent to the consumer or the consumer's authorized representative if a written authorization has been received for review and signature.

G. The consumer or the consumer's authorized representative must submit the follow-up written appeal or return the signed Consumer Appeal Form to the Office of Consumer Affairs which is designated as the Consumer Appeals Coordinator within one (1) week from the receipt date of the oral appeal. If the follow-up written appeal or the signed Consumer Appeal form is not received within the allotted timeframe, a follow-up call will be made to the consumer or the consumer's representative. If the consumer requests an extension for the filing deadline of the written appeal, AMHD will grant another one (1) week to submit the written appeal.

H. If a written follow-up is not received, the appeal will be closed after thirty (30) calendar days without further action or investigation. The consumer will receive written notification of this.

I. If a provider files a written appeal on behalf of a consumer, it will be initially designated as a Provider Complaint unless accompanied by the consumer's written consent. If the written appeal is filed with the consumer's written consent, AMHD will contact the provider to determine if consent was given. If the written consent is received, AMHD will transfer the Provider Complaint to a Consumer Appeal.

J. All written appeals should be submitted to:

Adult Mental Health Division
Office of Consumer Affairs
Consumer Appeal
P.O. Box 3378
Honolulu, Hawaii 96801-3378

4. First Level Appeal

   A. The appeal must be filed within thirty (30) days from the date of the initial action or decision made by AMHD. Exceptions to this deadline may be granted if details regarding extenuating circumstances are provided. At no time will an appeal be considered that is 180 days from the date of the initial action or decision made by AMHD.

   B. Within five (5) working days of receipt of the written appeal, the consumer, provider, or the consumer's authorized representative will be informed by letter that the appeal has been received.

   C. The consumer or authorized representative of the consumer may request to examine the consumer's case file, including medical records and any other documents considered during or before the appeal process by contacting the Consumer Appeals Coordinator in accordance with federal and state privacy regulations.

   D. All appeals will be thoroughly investigated by gathering facts from all relevant parties and using the applicable statutory, regulatory, and contractual provisions, as well as AMHD's policies and procedures.

   E. For appeals regarding reduction, suspension, or termination of a previously authorized service such care will be continued until resolution of the appeal.

   F. The AMHD Medical Director shall review the denial and shall make a determination (overturning or ratifying the denial). The AMHD Medical Director has the option of obtaining a second physician opinion prior to rendering a decision about the appeal.

   G. AMHD will render a resolution of the appeal within thirty (30) calendar days of the receipt date except in the case of an expedited appeal. If the thirtieth (30^{th}) day falls on a Saturday, Sunday, or State holiday, a resolution will be rendered by the next working day. A letter of resolution will be mailed to the provider and copies are sent to all parties whose interest has been affected by the decision. The effective date of the decision will be the date of personal delivery, or if mailed, the postmarked date of the mailing.

H. The resolution letter includes and describes the following details:

- Nature of the appeal
- Issues involved
- Actions AMHD has taken or intends to take
- Reasons supporting AMHD's decision or action, including references to applicable statutes, rules, and procedures
- Process for a second level appeal if appeal denied.

I. AMHD may grant an extension of the resolution deadline of up to fourteen (14) calendar days if the consumer requests the extension or if additional information is needed. In this case, a letter will be sent to the consumer. The content of the notification will include the following details:

- Nature of the appeal
- Reason for the extension of the decision and how the extension is in the best interest of the consumer

5. Expedited Appeals

A. Any AMHD consumer (or provider acting on behalf of the consumer with the consumer's written authorization) may request an expedited appeal.

B. An expedited appeal may be authorized if the standard review time frame of AMHD's appeal process may:

- Seriously jeopardize the life or health of the consumer
- Seriously jeopardize the consumer's ability to access services with limited availability with a resulting loss of function

C. All expedited appeals will be thoroughly investigated by gathering facts from all relevant parties and using the applicable statutory, regulatory and contractual provisions, as well as AMHD's policies and procedures.

D. The AMHD Medical Director will review all expedited appeals.

E. A decision will be rendered within forty-eight (48) working hours of receipt of the request for an expedited appeal.

F. The decision will be phoned by the Consumer Appeals Coordinator to the consumer and provider.

G. The resolution letter includes and describes the following details:

- Nature of the appeal
- Issues involved
- Actions AMHD has taken or intends to take
- Reasons supporting AMHD's decision or action, including references to applicable statutes, rules, and procedures
- Process for a second level appeal if appeal denied

6. Second Level Appeal

A. The consumer or appealing party may proceed with a written second level appeal within thirty (30) calendar days from the date of the first level appeal determination letter.

B. The second level appeal letter along with any additional clinical information shall be sent to the AMHD Chief who shall obtain all relevant documentation from the AMHD UM Coordinator and the AMHD Medical Director. The second level appeal will be thoroughly investigated by gathering facts from all relevant parties and using the applicable statutory, regulatory, and contractual provisions, as well as AMHD's policies and procedures.

C. For appeals regarding reduction, suspension, or termination of a previously authorized service such care will be continued until resolution of the appeal by the AMHD Chief.

D. Expedited appeals which result in an expedited second level appeal shall be reviewed and a decision rendered within forty-eight (48) working hours of receipt of the request for an expedited second level appeal if the request has been designated as such. The decision shall be phoned by the Consumer Appeals Coordinator to the consumer and provider.

E. Within five (5) working days of receipt of the written non-expedited second level appeal, the consumer, provider, or the consumer's authorized representative will be informed by letter that the appeal has been received.

F. AMHD will render a resolution of the appeal for non-expedited appeals within thirty (30) calendar days of the receipt date except in the case of expedited appeal. If the thirtieth (30^{th}) day falls on a Saturday, Sunday, or State holiday, a resolution will be rendered by the next working day. A letter of resolution will be mailed to the consumer and copies are sent to all parties whose interest has been affected by the decision. The effective date of the decision will be the date of personal delivery, or if mailed, the postmarked date of the mailing.

G. The resolution letter includes and describes the following details:

- Nature of the appeal
- Issues involved
- Actions AMHD has taken or intends to take
- Reasons supporting AMHD's decision or action, including references to applicable statutes, rules, and procedures
- Statement concerning any other avenues of appeal, if any, available to the appellant.

H. Consumers or their legal representatives who wish to appeal further must follow the Department of Health administrative appeals process, HR91f, or pursue through the legal system.

7. Other Requirements

A. The AMHD Consumer Appeals Coordinator shall compile a quarterly aggregate appeal report and submit such report to the Quality Council in the required format no later than forty-five (45) days from the end of each quarter.

The aggregate Appeals Report shall include at a minimum include the following elements:

(1) Number of appeals sorted by date, nature of the appeal, county level of appeal, and provider of services, if applicable,

(2) Number of decisions upheld,

(3) Number of decisions overturned, and

(4) Turn-around times.

B. An aggregate Annual Appeals Report shall be prepared and presented to the Quality Council within sixty (60) days of the last quarter of the calendar year. The report shall contain an aggregate data report, analysis, and recommendations for improvement of clinical and service areas.

C. Privacy of the appeal records is maintained at all times, including the transmittal of medical records.

D. All appeals and related documentation are maintained in a secure, designated area and retained for a period of seven (7) years following the final decision, or closure of appeal.

E. All appeals that concern provider organization actions and are proven quality of care or non-compliance with AMHD contracts or policies and procedures will be collated by Performance Management and used in certification and contract activities.

ATTACHMENTS

Consumer Appeal Form

Date of Review:___/___/___; ___/___/___; ___/___/___; ___/___/__

Initials: [_____] [_____] [_____] [_____]

Attachment A

Consumer Appeal Form

Print Name of Consumer: _____

AMHD ID#: _____

Mailing Address: _____

Island: _____

Phone Number: _____

Signature of Consumer: _____ Date Signed: _____

Note to Consumer: By signing this form, you as a consumer are authorizing your provider or any representative (if there's any) to file this appeal on your behalf.

** Please fill out this section if a provider or a representative is filing the appeal on behalf of the consumer**

Print Name of Representative: _____

Relationship to Consumer: _____

Phone Number: _____

Mailing Address: _____

Signature of Representative: _____ Date Signed: _____

Description of Service: _____

Date(s) of Service: _____

Describe on the space below what you disagree with and why. Also include copies of any papers that have to do with the appeal.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Write on back of this form if you need more space. Or write your appeal on a separate sheet and attach to this form)

<u>You must sign this form and send it back to us within one (1) week.</u> Please sent it to: Adult Mental Health Division, Attn. Consumer Appeals Coordinator, P.O. Box 3378, Honolulu, Hawaii 96801-3378. Or if you need help, call us at (808)586-4691 (Oahu)

Attachment F

QMHP AND SUPERVISION

Qualified Mental Health Professional (QMHP)

A Qualified Mental Health Professional ("QMHP") is defined as a Licensed Psychiatrist, Licensed Clinical Psychologist (Ph.D. or Psy.D.), Licensed Clinical Social Worker (LCSW), or Licensed Advanced Practice Registered Nurse (APRN) in behavioral health currently licensed in the State of Hawaii.

The QMHP shall oversee the development of each consumer's treatment plan to ensure it meets the requirements stated in the Community Plan 2003 and sign each treatment plan.

The QMHP shall serve as a consultant to the treatment team.

The QMHP shall serve as the LOCUS expert.

The QMHP shall provide oversight and training.

The QMHP shall review and sign each authorization request for clinical services prior to submittal to ensure that the services requested are medically necessary.

The QMHP shall provide clinical consultation and training to team leaders and/or direct care providers as needed.

Additionally, for Specialized Residential Treatment Programs, the QMHP shall provide day-to-day program planning, implementation, and monitoring.

Mental Health Professionals (MHP)

Except for Assertive Community Treatment ("ACT"), the team leader is not required to be a QMHP. Non-QMHP team leaders shall be clinically supervised by a QMHP.

Non-QMHP team leaders are defined as Mental Health Professionals ("MHP") and shall meet the following minimum requirements:

- Licensed Social Worker (LSW); or
- Licensed Marriage and Family Therapist; or
- Master of Science in Nursing (MSN); or
- APRN in a non-behavioral health field; or
- Master's degree from accredited school in behavioral health field
    a) Counseling, or
    b) Human Development, or
    c) Marriage, or
    d) Psychology, or
    e) Psychosocial Rehabilitation, or
    f) Criminal Justice.
- Master's degree in health related field with two (2) years experience in behavioral health; or

- Licensed Registered Nurse with a Bachelors in Nursing and five (5) years experience in behavioral health

The MHP may supervise para-professional staff if the MHP is clinically supervised by a QMHP.

The MHP may function as the DIVISION Utilization Management Liaison.

Supervision:

Clinical supervision of all staff is ongoing and shall be sufficient to ensure quality services and improve staff clinical skills and is according to community standards, scope of license as applicable, and agency policies and procedures. Treatment team meetings are consumer focused whereas clinical supervision is staff focused. Therefore, treatment team meetings do not need to meet clinical supervision requirements.

One-on-one clinical supervision of MHP team leaders and direct care providers, if there is no MHP team leader, shall be performed by the QMHP at a minimum of once per month. If a MHP is the team leader, the MHP shall provide one-on-one monthly clinical supervision of non-MHP and non-QMHP staff.

The supervision shall be documented in writing, legible, signed and dated by the QMHP or MHP as directed by the provider agency's policies and procedures.

The DIVISION funded PROVIDER shall have policies and procedures to select and monitor the MHP team leaders if non-QMHP team leaders are used.

The QMHP and non-QMHP staff do not have to work in the same physical setting but shall have routine meetings as defined in the PROVIDER's policies and procedures.

as defined in the provider agency's policies and procedures.

Attachment G

Division P&P Eligibility

ADULT MENTAL HEALTH DIVISION

POLICY AND PROCEDURE MANUAL AMHD Administration SUBJECT: Eligibility REFERENCE: AMHD Level of Care Criteria	**Number: 60.601** Effective Date: 07/01/93 History: Rev. 9/93, 9/95, 7/98, 11/98, 5/04 Page: 1 of 17 Recommended: _____ Title: Medical Director, AMHD APPROVED: _____ Title: Chief, AMHD_____

PURPOSE

To establish the criteria used to determine eligibility for persons eighteen years and older (adults) requesting Adult Mental Health Division (AMHD) funded mental health treatment (treatment), psychosocial rehabilitation (PSR) services and other community supports (collectively referred to as "AMHD funded services").

POLICY

The AMHD provides mental health services in the following three major service categories:

- Category I: Continuing Services;
- Category II: Time Limited Services (including but not limited to Homeless and Jail Diversion): and
- Category III: Disaster Services:

Access to each of these service categories is based on the specific eligibility criteria identified in this Policy. The eligibility criteria for the service categories are consistent with AMHD's responsibility as the safety net for persons with severe and persistent mental illness (SPMI), court commitments, mental health crises and disasters who do not have other available and appropriate resources.

CATEGORY I: Continuing Services

AMHD continuing services are designed to promote recovery from SPMI by providing treatment, PSR services and other community supports based on the understanding that SPMI are generally life-long, with an individualized course of recovery which may include relapse and remission,

Population Focus: Persons with SPMI who do not have access to other appropriate mental health services including those with co-occurring substance use disorders, and those with and without SPMI who are detained or committed by civil, family or criminal state courts on account of mental illness (or disease), disorder or defect (collectively, "mental illness").

A. Eligibility Criteria For Consumers Who Participate Voluntarily In Services: To be eligible for AMHD funded services under this Category I.A., the person must meet the following criteria:

1. **Age:** Eighteen (18) years or older; and

2. **Eligibility Assessment:** The consumer has participated in an AMHD approved clinical eligibility assessment sufficient to establish an included diagnosis of mental illness and serious functional impairment; and

3. Diagnoses: The consumer has one of the following included diagnoses:

a. Included Diagnoses: Primary diagnosis listed below based on DSM-IV-TR:

1. Schizophrenia and Other Psychotic Disorders
   - a. 295.xx Schizophrenia
     - i. .30 Paranoid Type
     - ii. .10 Disorganized Type
     - iii. .20 Catatonic Type
     - iv. .90 Undifferentiated Type
     - v. .60 Residual Type
   - b. 295.70 Schizoaffective Disorder
   - c. 297.1 Delusional Disorder

2. Mood Disorders
   - a. Depressive Disorders
     - i. 296..xx Major Depressive Disorder
       1. .3x Recurrent
   - b. Bipolar Disorders
     - i. 296.xx Bipolar I Disorder
       1. .0x Single Manic Episode
       2. .40 Most Recent Episode Hypomanic
       3. .4x Most Recent Episode Manic

4. .6x Most Recent Episode Mixed
5. .5x Most Recent Episode Depressed
6. .7 Most Recent Episode Unspecified

ii. 296.89 Bipolar II Disorder

3. Anxiety Disorders
   a. 300.21 Panic Disorder With Agoraphobia
   b. 300.3 Obsessive-Compulsive Disorder
   c. 309.81 Posttraumatic Stress Disorder
4. Personality Disorders
   a. 301.83 Borderline Personality Disorder
5. Substance-Related Disorders that do not resolve in thirty (30) days
   a. Alcohol Use Disorders
      1. 291.x Alcohol-Induced Psychotic Disorder
         1. .5 With Delusions
         2. .3 With Hallucinations
   b. Amphetamine (Or Amphetamine-Like)-Related Disorders
      i. Amphetamine-Induced Disorders
         1. 292.xx Amphetamine-Induced Psychotic Disorder
            a. .11 With Delusions
            b. .12 With Hallucinations
   c. Cannabis-Induced Disorders
      i. 292.xx Cannabis-Induced Psychotic Disorder
         1. .11 With Delusions
         2. .12 With Hallucinations
   d. Cocaine-Induced Disorders
      i. 292.xx Cocaine-Induced Psychotic Disorder
         1. .11 With Delusions
         2. .12 With Hallucinations
   e. Hallucinogen-Related Disorders
      i. Hallucinogen-Induced Disorders
         1. 292.xx Hallucinogen-Induced Psychotic Disorder
            a. .11 With Delusions
            b. .12 With Hallucinations
   f. Inhalant-Related Disorders
      i. Inhalant-Induced Disorders
         1. 292.xx Inhalant-Induced Psychotic Disorder
            a. .11 With Delusions
            b. .12 With Hallucinations
   g. Opioid-Related Disorders
      i. Opioid-Induced Disorders
         1. 292.xx Opioid-Induced Psychotic Disorder

a. .11 With Delusions
b. .12 With Hallucinations

h. Phencyclidine (Or Phencyclidine-Like)-Related Disorders
i. Phencyclidine-Induced Disorders
1. 292.xx Phencyclidine-Induced Psychotic Disorder
a. .11 With Delusions
b. .12 With Hallucinations

i. Sedative-, Hypnotic-, Or Anxiolytic-Related Disorders
i. Sedative-, Hypnotic-, or Anxiolytic-Induced Disorders
1. 292.xx Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder
a. .11 With Delusions
b. .12 With Hallucinations

j. Other (Or Unknown) Substance-Induced Disorders
i. Other (or Unknown) Substance-Induced Disorders
1. 292.xx Other (or Unknown Substance-Induced Psychotic Disorder
a. .11 With Delusions
b. .12 With Hallucinations

6. Co-occurring Disorders**:** Consumers with SPMI and substance use, or SPMI and developmental disability may be eligible for AMHD Category I Continuing Services as follows:

a. SPMI and Substance Use. Persons with a primary diagnosis identified in this Policy as an "included diagnosis" or mood disorder in addition to a substance use disorder, are eligible for AMHD Category I Continuing Services for both the SPMI and the substance use disorder. Consumers with a primary diagnosis of a substance induced psychotic disorder that does not resolve within thirty (30) days of first assessment are eligible for AMHD Category I Continuing Services;

b. SPMI and Developmental Disability. Consumers with a DSM-IV-TR diagnosis of mild mental retardation (317) in addition to a SPMI as defined by this Policy, are eligible for AMHD funded services. Other developmental disability and mental retardation diagnoses (318.00, 318.10, 319.00) are excluded from AMHD eligibility; and

b. Excluded Diagnoses: Unless an included diagnosis listed above is also present, persons with the following disorders are excluded from eligibility for

AMHD Category I Continuing Services. Note: if a specific DSM code is not noted in the list below, the entire DSM category is excluded. The excluded diagnoses are as follows:

Delirium, Dementia, Amnesic and Other Cognitive Disorders;

Disorders Usually First Diagnosed in Infancy, Childhood, and Adolescence;

Substance Related Disorders, except Substance Induced Psychosis as noted above;

Acute Stress Disorder (308.3)

Panic Disorder Without Agoraphobia (300.01)

Specific Phobia (300.29)

Social Phobia (300.23)

Generalized Anxiety Disorder (300.02)

Paranoid Personality Disorder (301.0)

Schizoid Personality Disorder (301.20)

Schizotypal Personality Disorder (301.22)

Histrionic Personality Disorder (301.50)

Narcissistic Personality Disorder (301.81)

Avoidant Personality Disorder (301.82)

Dependent Personality Disorder (301.6)

Obsessive-Compulsive Personality Disorder (301.4)

Antisocial Personality Disorder (301.7)

Major Depression, single episode (296.2x)

Brief Psychotic Disorder (298.80)

Sexual and Gender Identity Disorders

Eating Disorders

Sleeping Disorders

Factitious Disorders

Impulse Control Disorders Not Elsewhere Classified

Adjustment Disorders

Other Conditions That May Be A Focus Of Clinical Attention

Mental Disorders Due To A General Medical Condition

Traumatic Brain Injury.

4. **Duration:** The person has a persistent mental illness as demonstrated by the presence of the disorder for the last 12 months, or which is expected to endure for twelve (12) months or longer; or the person is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided; and

5. **Functional Impairment:** In addition to all of the above criteria, the person's SPMI will or has resulted in functional impairment that seriously interferes with the person's ability to function independently in an appropriate and effective manner. Serious impairment is determined and documented, as part of the assessment described above, by meeting at least one of the following criteria as described in LOCUS Adult Version 2000 by American Association of Community Psychiatrists, May 30, 2000.

a. Serious deterioration of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, or abusive behaviors.

b. Significant withdrawal and avoidance of almost all social interaction.

c. Consistent failure to maintain personal hygiene, appearance, and self care near usual standards.

d. Serious disturbances in vegetative status such as weight change, disrupted sleep, or fatigue that threaten physical well being.

e. Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time.

B. Eligibility Criteria For Adults Detained or Committed by Civil or Criminal State Courts

Adults may be detained for mental examination, or committed to certain psychiatric facilities or to the custody of the DOH Director for appropriate placement by the Family Courts, District Courts, and Circuit Courts of Hawaii's several judicial circuits in involuntary civil commitment proceedings, in criminal court proceedings, and in criminal court proceedings which result in involuntary civil commitment.

The court orders for involuntary civil commitment, criminal court commitment and criminal court proceedings which result in involuntary civil commitment override most of the eligibility determinations, set forth above, as explained in more detail below. Generally, persons subject to court orders for detention, commitment, or revocation of conditional release are eligible for AMHD Category I Continuing Services without meeting any of the eligibility categories other than age. For purposes of this Policy, the relevant provisions of Hawaii law, on (1) involuntary civil commitment; (2) criminal court detention, commitment, conditional release and discharge; and (3) criminal proceedings which result in involuntary civil commitment, as well as a summary of the relevant eligibility criteria for each of these three types of commitment, are as follows:

1. **Involuntary Civil Commitment:**

a. **Statutory Authority:** Pursuant to chapter 334, part IV Hawaii Revised Statutes (H.R.S.) (1993 Supp 2001), the Family Court may commit a person to a psychiatric facility (a public or private hospital or part thereof which provides inpatient or outpatient care, custody, diagnosis, treatment or rehabilitation services for mentally ill persons or for persons habituated to the excessive use of drugs or alcohol or for intoxicated persons) for involuntary hospitalization if the court finds:

(1) That the person is mentally ill or suffering from substance abuse;
(2) That the person is imminently dangerous to self or others, is gravely disabled or is obviously ill; and

(3) That the person is in need of care or treatment, or both, and there is no suitable alternative available through existing facilities and programs which would be less restrictive than hospitalization

Section 334-60.2 H.R.S. (1993).

b. **Eligibility Criteria**

1. **Age:** Eighteen (18) years or older;
2. **Assessment:** AMHD approved clinical eligibility assessment is necessary;
3. **Diagnosis:** Not needed to determine eligibility for AMHD funded services;
4. **Duration:** The person committed by the Family Court is eligible for AMHD for the duration of the commitment order, as extended by any recommitment order;
5. **Functional Level:** Not needed to determine eligibility for AMHD funded services.

2. **Criminal Court Detention, Commitment, Conditional Release and Discharge:** Pursuant to chapter 704 H. R. S. (1993 Supp 2001), defendants in criminal proceedings in any of the Hawaii Family Courts, District Courts or Circuit Courts are entitled to assert physical or mental disease, disorder, or defect excluding responsibility as an affirmative defense ("mental health defense"), section 704-402 H. R. S. (1993), and no person who as a result of a physical or mental disease, disorder, or defect lacks capacity to understand the proceedings against the person or to assist in the person's own defense ("fitness to proceed") shall be tried, convicted, or sentenced for the commission of an offense so long as such incapacity endures, section 704-403 H.R.S. (1993). During a criminal prosecution in which fitness to proceed or a mental health defense is at issue, the defendant's legal status will be determined by order of the court, and may change pursuant to the court's orders as follows:

a. **Statutory Authority**:

(1) **Section 704-404:** Examination. Criminal proceedings may be suspended while one or three qualified examiners determine defendant's fitness to proceed and/or penal responsibility for the offenses with which defendant is charged. "Penal responsibility" means (a) the extent, if any, to which the capacity of the defendant to appreciate the wrongfulness of the defendant's conduct or to conform the defendant's conduct to the requirements of law was impaired at the time of the conduct alleged, section 704-404(4)(c) H.R.S. (1993 Supp 2001), and (b) the capacity of the defendant to have a particular state of mind which is required to establish an element of the offense charged, section 704-404(4)(e) H.R.S. (1993 Supp 2001).

(2) **Section 704-406(1):** Suspension of Criminal Proceedings while Defendant Remains Unfit to Proceed. If, after receiving the reports of the examiner or examiners, and taking whatever other evidence may be necessary, the court finds that the defendant lacks fitness to proceed, the court suspends the criminal prosecution and commits the defendant to the custody of the DOH Director to be placed in an appropriate institution for detention, care, and treatment. If, however, the defendant can be released without danger to self, or the person or property of others, the court releases defendant on certain conditions.

(3) **Section 704-411(1)(a):** Trial or Plea Bargain After Defendant Regains Fitness to Proceed. After the court determines that defendant has regained fitness, the defendant may proceed to trial, and may assert a mental defense at trial. At the conclusion of the trial, defendant may be found not guilty (and released) or guilty (and sentenced), or acquitted on the ground of the mental defense. (Acquittal on account of a mental defense may also result by agreement of the parties and order of the court.) After acquittal on account of a mental defense, if the court determines that defendant presents a risk of danger to self or others, and is not a proper subject for conditional release, the court orders defendant to be committed to the custody of the DOH Director to be placed in an appropriate institution for custody, care, and treatment. Defendants charged with misdemeanors or felonies not involving violence or attempted violence are entitled to be placed by the DOH Director in the least restrictive environment appropriate in light of defendant's treatment needs and the need to prevent harm to self and others.

(4) **Section 704-411(1)(b):** Conditional Release After Acquittal on Ground of Mental Defense. If the court finds that defendant is affected by physical or mental disease, disorder, or defect and that defendant presents a danger to self or others, but that defendant can be controlled adequately and given proper care, supervision, and treatment if defendant is released on conditions, the court orders defendant's release from custody on such conditions as the court deems necessary.

(5) **Section 704-411(1)(c):** Discharge From Custody After Acquittal. If the court finds that defendant is no longer affected by physical or mental disease, disorder, or defect, or if so affected that the defendant no longer presents a danger to self or others and is not in need of care, supervision, or treatment, the court orders the defendant discharged from custody.

(6) **Section 704-412(1):** DOH Director's Application for Conditional Release After Commitment. After the expiration of at least ninety (90) days

following the order of commitment, the DOH Director applies for defendant's discharge or conditional release if the DOH Director is of the opinion that defendant may be discharged or released on condition without danger to self or to the person or property of others.

(7) **Section 704-412(2):** Defendant's Application for Conditional Release After Commitment. After the expiration of at least ninety (90) days following the order of commitment, the defendant may apply for an order of discharge or conditional release.

(8) **Section 704-413(1):** Rehospitalization of Conditionally Released Person. Persons released on conditions from custody of the DOH Director are subject to supervision by the courts through their probation officers. If a probation officer has probable cause to believe the person on conditional release has violated the conditions, the probation officer may order the person hospitalized for a maximum of seventy-two (72) hours, which period may be increased by the court after a hearing.

(9) **Section 704-413(2):** Discharge from or Modification of Conditional Release Order. The person released on conditions may apply for discharge from supervision, or for modification of the conditions of release.

(10) **Section 704-413(3):** Revocation of Conditional Release. If the court determines after a hearing that the conditions of release have not been fulfilled or that for the safety of self or others that the conditional release should be revoked, the court may modify the conditions of release, or order the person to be committed to the custody of the DOH Director.

b. **Eligibility Criteria**:

1. Detention
    a. **Age:** Eighteen (18) years or older;
    b. **Assessment:** Assessment sufficient to determine possible need for inpatient detention, care and treatment. Does not require face-to-face assessment in emergent circumstances.
    c. **Diagnosis:** The person detained for examination is eligible for AMHD funded services with or without an included diagnosis;
    d. **Duration:** The person detained for examination is eligible for AMHD funded services for the duration of the commitment order, and for the period of any extension of that order.

e. **Functional Level:** The person detained for examination is eligible for AMHD funded services with or without functional limitations.

2. Commitment
   a. **Age:** Eighteen (18) years or older;
   b. **Assessment:** No eligibility assessment prior to admission to psychiatric facility is necessary.
   c. **Diagnosis:** The person acquitted and committed is eligible for AMHD funded services with or without an included diagnosis;
   d. **Duration:** The person acquitted and committed is eligible for AMHD funded services until discharged or released on conditions;
   e. **Functional Level:** The person acquitted and committed is eligible for AMHD funded services with or without functional limitations.

3. Conditional Release
   a. **Age:** Eighteen (18) years or older;
   b. **Eligibility Assessment:** No eligibility assessment necessary;
   c. **Diagnosis:** The person released on conditions is eligible for AMHD funded services with or without an included diagnosis;
   d. **Duration:** The person released on conditions is eligible for AMHD funded services until discharged or until revocation of conditional release;
   e. **Functional Level:** The person released on conditions is eligible for AMHD funded services with or without functional limitations..

4. Discharge
   a. **Age:** Eighteen (18) years or older;
   b. **Eligibility Assessment:** No eligibility assessment necessary prior to discharge; however, following discharge, person discharged will need an eligibility assessment prior to receiving continuing services on a voluntary basis;
   c. **Diagnosis:** No diagnosis necessary prior to discharge; however, following discharge, person discharged must present with an included diagnosis to be eligible for continuing services on a voluntary basis;
   d. **Duration:** Not applicable prior to discharge; however, following discharge, person discharged will need to meet duration requirements for continuing services on a voluntary basis;

e. **Functional Level:** Determination of functional level not to discharge; however, following discharge person will need to meet functional level requirements for continuing services on a voluntary basis.

3. **Criminal Proceedings Which Result in Involuntary Civil Commitment:**

a. **Statutory Authority**: In three instances, defendant charged with an offense under the penal code may thereafter be civilly committed to the custody of the DOH Director, as follows:

(**1**) **Section 704-406(2)**: In a criminal prosecution in which the defendant regains fitness to proceed, but the court decides that so much time has passed since the order finding the defendant unfit that it would be unjust to resume the proceeding, the court may dismiss the criminal charge and either discharge defendant, or after proof that defendant meets civil commitment criteria, order defendant committed to the custody of the DOH Director to be placed in an appropriate institution for detention, care, and treatment, or order the defendant released on conditions.

(2) **Section 704-406(3)**: In a criminal prosecution in which defendant probably will remain unfit to proceed, the court may dismiss the charge and release defendant, or subject defendant to involuntary civil commitment procedures. This option is available to the court whether defendant was detained for care and treatment, or placed on conditional release after the initial finding that defendant was not fit to proceed.

(3) **Section 706-608**: When a person is prosecuted for a class C felony, misdemeanor, or petty misdemeanor (as determined by reference to the Hawaii Penal Code), and is also a chronic alcoholic, narcotic addict, or person suffering from mental abnormality, and subject by law to involuntary hospitalization the court may order involuntary hospitalization provided it will substantially further the rehabilitation of defendant and will not jeopardize public safety.

b. **Eligibility Criteria**:

1. **Age:** Eighteen (18) years or older;
2. **Eligibility Assessment:** AMHD approved clinical eligibility assessment is necessary;
3. **Diagnosis:** Person civilly committed is eligible for AMHD funded inpatient services with or without an included diagnosis;
4. **Duration:** For the duration of the commitment order, and the duration of any recommitment order;
5. **Functional Level:** Person civilly committed is eligible for AMHD funded services with or without functional limitations.

CATEGORY II: Time Limited Services

Prompt, intensive and focused services designed to assess, stabilize and provide linkage to treatment, PSR services and other community supports, as appropriate.

Population Focus: Adults in need of emergent (within 24 hours) or urgent (within 24-72 hours) intervention who are (1) exhibiting symptoms of a mental health crisis: (2) persons suspected of having a primary mental illness with an associated situational crisis such loss of residence or arrest, and (3) those for whom there is significant diagnostic uncertainty.

Criteria for Mental Health Crisis:
Age: Eighteen (18) years or older,
Eligibility Assessment: A brief telephone or face-to-face screening assessment to determine immediacy of needs is necessary;
Diagnosis: Exhibiting symptoms of significant psychological or behavioral distress;
Duration: No durational requirement;
Functional Level: Some degree of functional limitation in the areas of self protection, risk of harm to self or others, impulse control, and social judgment.

Criteria for Situational Crisis:
Age: Eighteen (18) years or older;
Eligibility Assessment: Brief screening;
Diagnosis: Suspected of having a primary mental illness but exhibiting symptoms of significant clinical stress;
Duration: No durational requirement;
Functional Level:: Some degree of functional limitation expected to worsen because of situation.

Criteria for Diagnostic Uncertainty:
Age: Eighteen (18) year or older;
Eligibility Assessment: Completed an AMHD approved clinical eligibility assessment but eligibility based on diagnosis cannot be determined without further evaluation;
Diagnosis: Uncertain, but may include:

Unspecified (300.9)
NOS
Diagnosis Deferred (799.9)
Provisional Diagnosis
Other Conditions That May Be A Focus Of Clinical Attention;

Duration: No durational requirement;
Functional Level: Not specified.

CATEGORY III: Disaster Services

Prompt, post-traumatic counseling, debriefing or education intended to relieve or prevent the development of psychological distress or dysfunction for persons who have experienced stress from a disaster.

Population Focus: Adults experiencing stress from a disaster are members of a community or social system which has recently undergone an event of significant community impact that is outside the range of usual human experience and that would be markedly distressing to almost anyone, provoking, or expected to provoke intense fear, terror, or helplessness such as serious threat to life or physical integrity, or sudden destruction of home or community infrastructure. Members of the community or social system affected by the disaster are considered appropriate candidates for prompt post-traumatic counseling, debriefing, or education intended to relieve or prevent the development of psychological distress or dysfunction. Persons who meet these criteria include direct or indirect victims of:

1. Hurricane, flood, or other storm or weather related disaster;
2. Volcanic eruption, earthquake, landslide, or tsunami;
3. Forest, brush, or other wildfire;
4. Toxic or radioactive contamination, biohazard, bioterrorism, epidemic, or other environmental or public health disaster;
5. Building fire, or structural collapse;
6. Shipwreck, airline crash, or other mass transportation disaster;
7. Kidnapping, hostage taking, multiple homicide, or terrorism; or
8. Major business failure, or economic collapse.

Distress/Dysfunction: Members of the affected community or social system may be experiencing currently distressful symptoms or dysfunction as a result of the disaster, or are presumed to be at significant risk of future distress or dysfunction with might be averted or mitigated by prompt post-traumatic counseling, debriefing, or education.

Immediacy: The disaster has occurred within the past thirty (30) days. In the case of a major community-wide disaster which leaves behind continuing conditions of hardship and deprivation, the AMHD Chief may extend the thirty-day limit.

Community Impact: The disaster has had an impact on a community or social system larger than an individual or family. A disaster has been officially declared by the State of Hawaii or the United States, or the AMHD Chief has received and approved a request for disaster services from legitimate community leadership such as a school administrator, state or county official, or religious, social or business organization.

Accessibility to Mental Health Services: The community or social system has no access to appropriate disaster counseling, debriefing, or education through sources other than those provided by AMHD.

Age: Eighteen (18) year or older;

Eligibility Assessment: Screening
Diagnosis: Risk of future distress or dysfunction;
Duration: Not applicable;
Functional Impairment: Not applicable.

PROCEDURE

1. Eligibility assessments shall be scheduled through AMHD Access. Policy and procedures for assessment shall be detailed in a separate policy.

2. Persons being released from Hawaii State Hospital or other contracted inpatient facility must meet clinical eligibility if there is not forensic eligibility present.

3. Consumers have the right to appeal denial of eligibility and shall use the existing AMHD Utilization Management (UM) Appeals Process.

4. The AMHD Chief, or designee, shall have the ability to administratively determine eligibility. Utilization Management shall be notified of these cases, either through the AMHD appeals process or through review of authorization requests and shall consult with the AMHD Chief, or designee, regarding administrative eligibility decision.

5. Eligibility for enrollment as a consumer of AMHD does not guarantee any specific service provision. Eligibility for specific services is based on individual need and consumer needs meeting specific service criteria standards as determined by AMHD Utilization Management (UM)

6. When a consumer is determined to be eligible for AMHD services, this eligibility shall follow the consumer throughout the state provider system. If a consumer transfers to another provider and the new provider questions the consumer's eligibility, the provider shall contact AMHD UM with the specific concerns. The provider shall accept eligibility decisions as determined by AMHD and shall continue services even if there is disagreement regarding eligibility.

7. Persons who have been discharged from AMHD services within 3 years shall not be required to be re-assessed for eligibility if they were found eligible due to the diagnosis and functional status detailed in this policy. If a consumer was diagnosed as SPMI, another eligibility assessment shall not be scheduled; however, assessment for other purposes may be needed (such as risk assessment, assessment of need).

8. AMHD UM shall review the clinical information and request for another eligibility assessment on any consumer who previously received services from AMHD. AMHD shall contact Access for scheduling of eligibility assessment appointments.

9. Eligibility assessment does not replace the need for clinical/treatment assessment that occurs as part of treatment and service planning.

10. For consumers suspected of having a primary mental illness and a clinical or situational crisis, presumptive eligibility shall apply which includes eligibility for all crisis services.

DEFINITIONS

Severe and Persistent Mental Illness (SPMI): For the purposes of this policy, SPMI are the included diagnoses identified in this Policy that result in emotional, cognitive, or behavioral functioning which is so impaired as to interfere substantially with one's capacity to remain in the community without treatment, PSR services and other community supports of a long-term or indefinite duration. The mental disability is severe and persistent resulting in a long-term limitation in their functional capacities for primary activities of daily living such as interpersonal relationships, self-care, homemaking, employment, and recreation.

Treatment: Treatment is defined as those services including medication and psychotherapies provided to reduce and stabilize symptoms of severe and persistent mental illness.

Psychosocial Rehabilitation: Psychosocial rehabilitation includes those services that assist persons with severe and persistent mental illnesses to gain education, jobs, relapse prevention and life skills.

Community Supports: Other community supports assist consumers of mental health services (consumers) to acquire and use the community resources and treatment, PSR services and other community supports that are associated with community living. Other community supports include case management, at a various levels; and the following: consumer advocacy, homeless outreach, representative payee services, respite care, consumer transportation, therapeutic support and support and supervision including peer coaching, family psychoeducation, legal advocacy, and transportation.

Recovery: Recovery is defined as "a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence." *Emerging Best Practices in Mental Health Recovery*, An Ohio Department of Mental Health publication, revised, April 2000.

Situational Crisis: For persons suspected of having a primary mental illness, acute situations that substantially increases risk of homelessness or arrest.

Presumptive Eligibility: Persons suspected of having a primary mental illness who are experiencing a clinical or situation crisis shall be presumed to be eligible for AMHD crisis services under Category II (Time Limited Services).

ATTACHMENTS

Date of Review:___/___/___; ___/___/___; ___/___/___; ___/___/__

Initials: [_____] [_____] [_____] [_____]

Attachment H

Comprehensive, Continuous, Integrated System of Care Model by Kenneth Minkoff, M.D.

Comprehensive, Continuous, Integrated System of Care Model

By Kenneth Minkoff, M.D.

The eight research-derived and consensus-derived principles that guide the implementation of the CCISC are as follows:

1. *Dual diagnosis is an expectation, not an exception:* Epidemiologic data defining the high prevalence of comorbidity, along with clinical outcome data associating individuals with co-occurring psychiatric and substance disorders ("ICOPSD") with poor outcomes and high costs in multiple systems, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who present in each component of the system already.

2. *All ICOPSD are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (NASMHPD, 1998) can be used as a guide for service planning on the system level.* In this model, ICOPSD can be divided according to high and low severity for each disorder, into high-high (Quadrant IV), low MH – high SA (Quadrant III), high MH – low SA (Quadrant II), and low-low (Quadrant I). High MH individuals usually have SPMI and require continuing integrated care in the MH system. High SA individuals are appropriate for receiving episodes of addiction treatment in the SA system, with varying degrees of integration of mental health capability.

3. *Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence based best practice for individuals with the most severe combinations of psychiatric and substance difficulties.* The system needs to prioritize a) the development of clear guidelines for how clinicians in any service setting can provide integrated treatment in the context of an appropriate scope of practice, and b) access to continuous integrated treatment of appropriate

intensity and capability for individuals with the most complex difficulties.

4. *Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each client, and in each service setting.* Each individual client may require a different balance (based on level of functioning, available supports, external contingencies, etc.); and in a comprehensive service system, different programs are designed to provide this balance in different ways. Individuals who require high degrees of support or supervision can utilize contingency based learning strategies involving a variety of community based reinforcers to make incremental progress within the context of continuing treatment.

5. *When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended.* The system needs to develop a variety of administrative, financial, and clinical structures to reinforce this clinical principle, and to develop specific practice guidelines emphasizing how to integrate diagnosis-specific best practice treatments for multiple disorders for clinically appropriate clients within each service setting

6. *Both mental illness and addiction can be treated within the philosophical framework of a "disease and recovery model" (Minkoff, 1989) with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change.* Literature in both the addiction field and the mental health field has emphasized the concept of stages of change or stages of treatment, and demonstrated the value of stagewise treatment (Drake et al, 2001.)

7. *There is no single correct intervention for ICOPSD; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements.* This principle forms the basis for developing clinical practice guidelines for assessment and treatment matching. It also forms the basis for designing the template of the CCISC, in which

each program is a dual diagnosis program, but all programs are not the same. Each program in the system is assigned a "job": to work with a particular cohort of ICOPSD, providing continuity or episode interventions, at a particular level of care. Consequently, all programs become mobilized to develop cohort specific dual diagnosis services, thereby mobilizing treatment resources throughout the entire system.

8. *Clinical outcomes for ICOPSD must also be individualized, based on similar parameters for individualizing treatment interventions.* Abstinence and full mental illness recovery are usually long term goals, but short term clinical outcomes must be individualized, and may include reduction in symptoms or use of substances, increases in level of functioning, increases in disease management skills, movement through stages of change, reduction in "harm" (internal or external), reduction in service utilization, or movement to a lower level of care. Systems need to develop clinical practice parameters for treatment planning and outcome tracking that legitimize this variety of outcome measures to reinforce incremental treatment progress and promote the experience of treatment success.

Attachment I

Dual Diagnosis Philosophy and Treatment Guidelines

DUAL DIAGNOSIS
PHILOSOPHY AND TREATMENT GUIDELINES

GUIDING PRINCIPLES:

- We agree that psychiatric and substance disorders tend to be persistent and recurrent, and that co-occurrence of these disorders occurs with sufficient frequency in both systems that a continuous and integrated approach to assessment and treatment is required.
- We agree that individuals with co-occurring serious and persistent mental illness and substance disorders should be regarded as having two (or more) co-occurring primary disorders, each of which requires specific assessment and diagnosis, and appropriately intensive treatment. The presence of co-occurring disorders makes each disorder more difficult to treat.
- We agree that the recommended treatment approach for individuals with co-occurring serious and persistent mental illness and substance disorders is an integrated dual primary treatment in which:
    - Each individual has a primary treatment relationship with a clinician, or team of clinicians.
    - Each individual receives specific, and appropriately intensive, primary treatment for each disorder that takes into account the complications resulting from the co-occurring disorder.
    - Each individual receives integrated and coordinated treatment for both disorders in a single setting.
- We agree that because the underlying goal of working together is to improve consumer outcomes, any successful program must be consumer-centered. A consumer-centered system is one in which dual diagnosis consumers and their families are actively involved, not only in treatment decisions, but also in program design, administration and evaluation. The role of consumers in advancing care for people with serious and persistent mental illness should be the cornerstone in program planning.

TREATMENT PHILOSOPHY:

- Serious, persistent psychiatric disorders and substance disorders are both examples of primary psychiatric or behavioral illness that can utilize a disease and recovery model for conceptualizing assessment, treatment, and rehabilitation.
- The program must incorporate the recovery model. Recovery is defined as an ongoing personal process of empowerment by which an individual overcomes the negative impact of a psychiatric disability (and other co-occurring disabilities), regains hope, self-esteem, self-worth, pride, dignity and meaning by acquiring increasing ability to maintain stabilization or remission of the disorder, and maximizing functioning with appropriate supports despite the possible ongoing constraints of the disorder.
- Every individual, regardless of the severity and disability associated with each disorder, is entitled to experience the promise and hope of dual recovery, and considered to have the potential to achieve dual recovery.

- Bringing optimism to the treatment process creates consumer motivation. Treatment success derives from the implementation of an empathic, hopeful, continuous treatment relationship, which takes place over time and often in multiple treatment episodes.

PSYCHOPHARMACOLOGY GUIDELINES:

- Initial psychopharmacologic evaluation in mental health should not require consumers to be abstinent.
- Initial psychopharmacologic evaluation in substance disorder treatment should occur as early in treatment as possible, and incorporate capacity to maintain existing non-addictive psychotropic medication during detoxification and early recovery.
- Psychopharmacology with individuals with co-occurring disorders is not an absolute science. It is best performed in the context of an ongoing, empathic clinical relationship. Treatment should emphasize a continuous re-evaluation of diagnosis and medication, and artful utilization of medication strategies to promote outcome of both disorders.

The applicant must have expertise in Best Practices and Evidenced Based Practices in the area of treatment for individuals with serious and persistent mental illness and a co-occurring substance use disorder defined in the literature by a variety of authors, including but not limited to, Robert E. Drake, Ken Minkoff, JO Prochaska. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

Attachment J

Treatment Services Definitions

Diagnostic/Functional Assessment. Intensive clinical and functional evaluation which results in a treatment plan that documents and identifies needed services and supports, goals and objectives related to the provision of these services and supports, and methods for achieving the objectives. Required components include: (1) evidence that an interdisciplinary team process was conducted; (2) evidence of consumer participation including families and/or guardians where required; (3) assessment of a person's psychological, neuropsychological, psychiatric, psychosocial, and physical health (including nutrition) associated with a person's mental health, as well as conducting a risk and developmental assessment; and (4) periodic review of the treatment plan which shall occur no less frequently than every ninety (90) days. This service also includes the assessment of the need for psychiatric hospitalization for persons being referred to psychiatric inpatient services to assure less restrictive alternatives are considered and evaluated when appropriate.

Biopsychosocial Rehabilitative Programs. A set of therapeutic and rehabilitative social skill building services which promotes resiliency and recovery and which allows children with serious emotional or behavioral disturbance and adults with serious mental illness to gain the necessary social, independent living, work-related, and communication skills necessary to allow them to remain in or return to communities of their choice and access naturally occurring community supports. Services include, but are not limited to: individual or group skill building activities that focus on the development of problem-solving techniques, independent living skills, social skills, medication management, and recreational activities that improve self-esteem.

Crisis Management. This service provides mobile assessment for children or adults in an active state of crisis twenty-four (24) hours per day, seven (7) days per week and can occur in a variety of settings including the consumer's home, local emergency departments, etc. It does not include transportation time to and from clinic/hospital and community settings. Immediate response is provided to conduct a thorough assessment of risk, mental status, and medical stability, explore service options in the community, and assure immediate crisis resolution and de-escalation as applicable. The presenting crisis situation is one where it is medically necessary to deliver the services in the consumer's home or natural environment setting as the consumer does not have the resources to present at the clinic for crisis services.

Licensed Crisis Residential Services. This service offers short-term, acute interventions to individuals experiencing crisis. This is a structured residential alternative or diversion from psychiatric inpatient hospitalization. Licensed Crisis Residential Services are for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances. The program provides psychiatric services that address the psychiatric, psychological, and behavioral health needs of the individuals. Specific services are: psychiatric medical assessment, crisis stabilization and intervention, medication management and monitoring, individual, group and/or family counseling, daily living skills training, and linkage to other services, as needed.

Counseling and Psychotherapy Services. Individual, group or family face-to-face services include symptom/behavior management, development, restoration, or enhancement of adaptive behaviors and skills, enhancement or maintenance of daily living skills. These skills include those necessary to access community resources and support systems, interpersonal skills, and restoration or enhancement of the family unit and/or support of the family.

Medication/Somatic Treatment. Medical interventions include: physical examinations; prescription, supervision or administration of psychoactive medications; monitoring of diagnostic studies; and medical interventions needed for effective mental health treatment provided as either an individual or group intervention. Activities include promoting compliance, evaluating the clinical effectiveness of the medication, monitoring and treating the side effects of medication and any adverse reactions, and providing education and direction for symptom and medication self-management. Group treatment is always therapeutic, educational, and interactive with a strong emphasis on group member selection, peer interaction, and support as specified in the treatment plan.

Assertive Community Treatment (ACT). ACT is an intensive case management community service for adults discharged from the state or community hospitals after multiple or extended stays. Intensive, integrated rehabilitative, crisis, treatment, and community support services provided by an interdisciplinary staff team is available twenty-four (24) hours per day, seven (7) days per week. Services offered by the ACT team must be documented in a treatment plan and must include (in addition to those provided by other systems): some medication prescription, administration, and monitoring medication and self medication; crisis assessment and intervention; symptom assessment, management, and individual supportive therapy; substance abuse and co-occurring disorders treatment; psychosocial rehabilitation and skill development; personal, social, and interpersonal skill training; consultation, education, and support for individuals, families, and their support systems; representative payee and money management; and general client support services.

Intensive Case Management. This is an intensive community rehabilitation service for adults at-risk of hospitalization, or for crisis residential or high acuity substance abuse services. Treatment and restorative interventions assist individuals to gain access to necessary services to reduce psychiatric and addiction symptoms and to develop optimal community living skills. Services can be provided by a team or an individual case manager and documented in a treatment plan. Services provided by the intensive case management team or individual include: assistance and support for the individuals in crisis situations; service coordination; consultation, education, and support for individuals, families, and their support systems; individual restorative interventions for the development of interpersonal, community coping, and independent living skills; development of symptom monitoring and management skills; medication prescription, administration, and monitoring medication and self medication; representative payee and money management; and treatment for substance abuse or other co-occurring disorders.

Screening. Determination of an individual's need and eligibility for psychiatric services, as well as registration for psychiatric evaluation and treatment.

Targeted Case Management. The least intensive model of case management and it is generally used in conjunction with at least one additional community mental health service. Interventions employed to assist eligible individuals in gaining access to needed medical services, including psychiatric, social, educational, vocational, and other services. Services include, but are not limited to, maintenance of a supportive relationship to assist with problem solving and development of necessary skills to sustain recovery; regular contact for the purpose of assessing or reassessing needs for planning or monitoring services; contact with collaterals (family and agency) to mobilize services and provide support and education; advocacy on behalf of the individual; coordination of services specified in the plan, such as medication management and rehabilitation activities; and some limited crisis intervention.

Treatment Planning. Development of a comprehensive, individualized document specifying treatment modalities and interventions to be provided for the consumer that is approved by a licensed psychiatrist, licensed psychologist, or licensed advanced psychiatric practice nurse. The plan is derived from the assessment and includes:

1. DSM – IV, five axes diagnoses;
2. Signs and symptoms expressed in measurable terms;
3. Specification of needs or problems which are barriers to consumer's enhancement of independent psychosocial functioning;
4. Integration of consumer's preferences, expectations, strengths, and expressed goals;
5. Clearly stated measurable, output performance, and outcome measurements;
6. Intervention and treatment methods which specifically address identified needs or problems;
7. Identification of staff, community supports, other professionals responsible for treatment or interventions;
8. Medications prescribed;
9. A prognosis expressed in expected length of stay in current level of care.

Licensed psychiatrists shall approve treatment plans for consumers who have prescribed medications. Licensed psychologists and licensed advanced practice psychiatric nurses may approve treatment plans for consumers who have not been prescribed medications. There should be some cooperation between all three on all treatment plans in case some consumers have unidentified needs.

Supported Housing Program. This program provides housing for persons who are able to live in the community with appropriate supports. This type of housing is directed to those individuals who desire, and are capable of, living independently with flexible tailored services in accordance with their needs. Services are provided, with prior authorization from the Adult Mental Health Division ("DIVISION"), to targeted consumers and include, but are not limited to, assisting consumers in search of housing,

developing and sustaining working relationships with local landlords and property managers, working collaboratively with DIVISION-designated case managers regarding consumer/tenant status, and assisting consumers/tenants in meeting tenancy requirements under the Supported Housing Program.

Pharmaceuticals. As defined in Chapter 10 of the Medicaid Provider's Manual, "pharmacy services as allowed by the Medicaid program pays for medically necessary and non-experimental drugs and pharmacy services with certain limitations." The dispensement and drug formulary shall be in accordance with the guidelines as specified in Chapter 19 of the Medicaid Provider Manual Pharmacy Services (Date issued: November 15, 2001; Date revised: November 5, 2001).

Medical Supplies. As defined in Chapter 10 of the Medicaid Provider Manual, "durable medical equipment, prosthetic and orthotic devices and medical supplies (DMEPOS) include medically necessary equipment/appliances/items provided either through purchase or rental and prescribed by a physician for the maximum reduction of medical disability and for the restoration or maximum improvement in the patient's functional level."

Ancillary Services. Not considered as a main part of a patient's treatment milieu. Services are regarded as supportive services which may include durable medical equipment and medical supplies, as defined in Chapter 10 of the Medicaid Provider Manual.

Attachment K

Certifications

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub- grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
  (1) The dangers of drug abuse in the workplace;
  (2) The grantee's policy of maintaining a drug-free workplace;
  (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  (1) Abide by the terms of the statement; and
  (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical an mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Attachment L

Form SPO-H-205A
Instructions

Instructions for Completing
FORM SPO-H-205A ORGANIZATION - WIDE BUDGET BY SOURCE OF FUNDS

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request For Proposal (RFP) identifying number of this service activity.
For all columns (a) thru (d)	Report your total organization-wide budget for this fiscal year by **source of funds**. Your organization's budget should reflect the total budget of the "organization" legally named. Report each source of fund in separate columns, by budget line item. For the first column on the first page of this form, use the column heading, "Organization Total". For the remaining columns you may use column headings such as: Federal, State, Funds Raised, Program Income, etc. If additional columns are needed, use additional copies of this form.
Columns (b), (c) & (d)	Identify sources of funding in space provided for column titles.
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for columns (a) through (d).
SOURCE OF FUNDING: **(a)** **(b)** **(c)** **(d)**	Identify all sources of funding to be used by your organization.
TOTAL REVENUE	Enter the sum of all revenue sources cited above.
Budget Prepared by:	Type or print the name of the person who prepared the budget request and their telephone number. If there are any questions or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

Special Instructions by the State Purchasing Agency:

Provide a budget by source of funds for this specific service activity.